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CONFIRMATION NO. 3052

SERIAL NUMBER 10/817,240	FILING DATE 04/01/2004 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. MED-0016		
APPLICANTS Michael Spolidoro, Attleboro, MA; ** CONTINUING DATA ***** This appln claims benefit of 60/460,283 04/03/2003 <i>Benefit claim withdrawn per (see paper of 3/2/06)</i> ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/18/2004						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
ADDRESS 33941 MONTE & MCGRAW, PC 4092 SKIPPACK PIKE P.O. BOX 650 SKIPPACK, PA 19474						
TITLE Snap tray for medical accessories						
FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		